

NEWTON PARKS AND RECREATION DEPARTMENT
APRIL VACATION AT LOWER FALLS COMMUNITY CENTER
FOR CHILDREN IN GRADES 3 - 6
APRIL 22, 23, 24 & 25 2014

Meets at the Lower Falls Community Center on Grove St. in Lower Falls
Standard Day 8:30 AM to 3:30 PM or Extended Day 8:15 AM to 5:30 PM



APRIL 22nd – TERRIFIC TUESDAY

Cedarland
High Ropes Course, Mini Golf, Batting Cages
Pizza Lunch



APRIL 23rd – WACKY WEDNESDAY*

Laser Quest
The Ultimate Laser Tag Package
Burger King Lunch



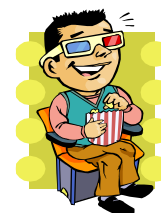
APRIL 24TH - THRILLING THURSDAY

Paw Sox
Baseball Game
Snack Bar Lunch



APRIL 25TH – FABULOUS FRIDAY

Chunky's Cinema
Games & Activities
Pizza Lunch



\$50.00 per day or \$190.00 for all 4 days (non residents add \$5.00 per day)

*Wednesday is \$60.00 if signed up for individual days. Extended Day is \$12.50 per day. Price includes supervision, lunch, and field trips. Sports, arts & crafts, and inside games will be offered during the day.

For more information call Channon Ames at Newton Parks and Recreation at (617) 796-1529 or go to our website at www.newtonma.gov/gov/parks

NEWTON PARKS AND RECREATION DEPARTMENT
APRIL VACATION AT THE LOWER FALLS COMMUNITY CENTER
FOR CHILDREN IN GRADES 3 – 6 APRIL 22, 23, 24, 25 2014

Child 1 _____ School _____ Grade _____ DOB _____
Eye Color _____ Hair Color _____ Gender _____
Height _____ Weight _____ Identifying Marks _____
Medications/Allergies/Health Concerns _____

Child 2 _____ School _____ Grade _____ DOB _____
Eye Color _____ Hair Color _____ Gender _____
Height _____ Weight _____ Identifying Marks _____
Medications/Allergies/Health Concerns _____

Parent/Guardian _____ Phone _____
Parent/Guardian _____ Phone _____
Address _____ City _____ Zip _____
Email _____
Emergency Contact _____ Phone _____
Physician _____ Phone _____
Medical Insurance _____ Policy # _____

DATES AND FEES (can be paid by cash, check or credit card - checks made payable to **City of Newton**)

	8:30-3:30	8:15-5:30	Apr 22, 24, 25	\$50.00 x _____ days=_____
	Standard	Extended	Apr 23	\$60.00 x _____ day =_____
April 22 nd - Tuesday	_____	_____	or Apr 22 - 25 \$190.00 for all 4 days_____	
April 23 rd - Wednesday	_____	_____	Extended \$12.50/day x _____ days=_____	
April 24 th - Thursday	_____	_____	Non Residents \$5.00/day x _____ days=_____	
April 25 th - Friday	_____	_____	Total Enclosed \$ _____	

For more information please contact Channon Ames at (617) 796-1529 or comes@newtonma.gov
Newton Parks and Recreation * 124 Vernon St * Newton, MA 02458

Vacation Program Credit Card Payment Form (Visa or Mastercard Only)

Last Name	First Name	Home Phone	Work Phone
			\$
Street	City	State	Zip Code
		Visa	Master Card
Credit Card Number	Expiration Date		

Newton Parks and Recreation Department School Vacation Program

Medical Release Form - 2014

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I hereby authorize the School Vacation Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the School Vacation Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's School Vacation Program

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the School Vacation Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the School Vacation Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said School Vacation Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said School Vacation Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

School Vacation Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the School Vacation Program. I understand that photo's may be published in local papers or in future brochures for the Newton Parks and Recreation Department and the School Vacation Program.

Signature of Parent(s)/Guardian(s)

Date